

APPEAL FORM

Sanitation Department 1240 North Boo Road • Burns Harbor, IN 46304 P 219-787-1165 • F 219-787-1353



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Ordinance requires filing an appeal within one (1) year from the existence of circumstances upon which the appeal is based. Documentary evidence supporting an appeal must be submitted with completed appeal form to the Sanitation Clerk. The Sanitary Board will place the matter on the agenda of an upcoming board meeting at which the appellant shall appear to present his/her case. The Sanitary Board must issue a decision within sixty (60) days after the hearing.

Name of Appellant:	me of Appellant: Date of Appeal:	
Address:		
Phone:		
Date of Existence of Circumstance:	Sanitation Acco	unt Number:
Reason for Appeal:		
Number of documents submitted with this form:		
Description of documents submitted with this form		
Description of documents submitted with this form		
Signature of Appellant	Printed Name of Appellant	
THIS BOX FOR OFFICE USE ONLY		
Signature of Personnel Member accepting form	No. of documents submitted with form	Date

— THIS SIDE OF FORM FOR SANITARY BOARD USE ONLY —

FINDINGS AND DECISIONS

Public Hearing held the	day of	, 20		
Board Comments:				
	_			
Reason(s) for Decision:				
THE BURNS HARBOR SAN	IITARY BOARD N	IOW DECIDES:		
Said Appeal Granted $\ \Box$	Said Appeal Denie	ed Dated this day of		, 20
Sanitary Board President Signature	<u> </u>	Sanitary Board President Printed Name	_ Voted	YES □ NO □
Conitary Doord Vice Dresident Com	oturo.	Sanitary Board Vice President Printed Name	_ Voted	YES \square NO \square
Sanitary Board Vice President Sign	ature	Sanitary Board vice President Printed Name	Voted	YES □ NO □
Sanitary Board Member Signature		Sanitary Board Member Printed Name	_ voted	
Sanitary Board Member Signature		Sanitary Board Member Printed Name	_ Voted	YES \square NO \square
			_ Voted	YES □ NO □
Sanitary Board Member Signature		Sanitary Board Member Printed Name	F	Revised April 2016